

Labor Organization Officer and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards

The support by non-industry entities P. L. 86-327, is embezzled. Failure to promptly return embezzled presentation, funds and shall be subject as promised by 29 U.S.C. 403, 406.

Form approved - OMB No. 1215-0188
Exhibit 11-30-2002

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1. Name and address of person being Sean P. Harren 1190 Durfee Ave., #200 S. El Monte, CA 91733		2. Name and address of labor organization Miscellaneous Warehousemen Drivers and Helpers Local 986 1190 Durfee Ave., #200 S. El Monte, CA 91733	
3. Position in labor organization Business Representative		4. Date fiscal year ends 12/31/00	5. File number of application U-1596
6. Under appropriate code below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the questions set forth in the instructions):			
7. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
8. Name of Employer Nature of Interest, Transaction or Income		Address of Employer	
<p>9. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p> <p>10. Name of business American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797</p> <p>11. Business deals with <input checked="" type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer N/A</p> <p>12. U 9B or PC is checked give trust or employer's name Premium paid for AD&D Policy by insurance company 11/99 - 7/00 \$2.79</p> <p>13. Nature of interest paid or received Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986</p> <p>14. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value Name and address of employer <input type="checkbox"/> Consultant <input type="checkbox"/></p> <p>15. Nature of payment</p>			

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL PAGES

16. **Signatures and Verification**—The undersigned declares, under the applicable provisions of the law, that all of the information in this report, including the attachments incorporated herein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Sean Harrer SO. EL MONTE CA 8/2/00

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